



Palliative Care Queensland Biennial State Conference 2010
Registration Form

DELEGATE REGISTRATION

Please fill in your name details as you would like them to appear on your name badge.

FIRST NAME _____
 SURNAME _____
 ORGANISATION _____
 POSITION _____
 POSTAL ADDRESS _____
 SUBURB _____
 STATE _____
 COUNTRY _____
 POSTCODE _____
 TELEPHONE (Work) _____
 TELEPHONE (Mobile) _____
 EMAIL _____

SPECIAL NEEDS

HEALTH/DISABILITY _____
 DIETARY NEEDS _____

REGISTRATION OPTIONS

All fees include GST and are in AU\$. Please indicate your registration choices by ticking the appropriate boxes below.

Pre-Conference Workshop Ipswich Hospice Care – Hilda’s House Friday May 21 st 2010		
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Session	<input checked="" type="checkbox"/>	Cost
Full Day Registration	<input type="checkbox"/>	\$140
Half Day Registration	<input type="checkbox"/>	\$70

Please select your preferred workshop:

Self-Care
 Team-Work

Conference Dinner Limestone Room Metro Hotel Ipswich International Friday May 21 st 2010		
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Dinner Attendance	<input type="checkbox"/>	\$60
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PCQ Biennial State Conference Metro Hotel Ipswich International Saturday May 22 nd 2010		
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Conference Registration (non-PCQ member)	<input type="checkbox"/>	\$180
Conference Registration (PCQ member)	<input type="checkbox"/>	\$160

Total Payable \$ _____

PAYMENT DETAILS

Please select one of the following payment methods:

Cheque Please make all cheques payable to 'Palliative Care Queensland Inc.'

Credit Card

American Express

Mastercard

Visa

Cardholder's Name _____ Cardholder's Signature _____

Card Number

Expiry Date /

Please forward your completed registration form to Palliative Care Queensland Incorporated:

In Person: 117 Copperfield Street Geebung Qld 4034
 Mail: PO Box 437 Virginia Qld 4014
 Fax: (07) 3633 0086
 Email: enquiries@palliativecareqld.org.au

For more information, please contact Palliative Care Queensland on (07) 3633 0096